Spir 5060.0900

LETTER OF TRANSMITTAL

Го:	: US-ENVIRONMENTAL PROTECTION AGENCY				Date:			1/27/2016		
	290 BROADWAY, 21 st FLOOR REGION 2					Re:		A NYCT Learning Ce et, Brooklyn, NY – R		
	NEW	YORK, NY 10007	,							
	ATTN: ROSALIE SBERNA					JOB#	459	1/16		
For Your:					The I	ollowing:				
	Approval Use/Information Record Signature Other				Samples Pre-Project	roject Submittals -Out Package				
COPIES DATE NO.						DESC	RIPTION			
2		1/27/2016		ASBESTO	STOS ABATEMENT PROJECT NOTIFICATION					
<u>:</u>	8 5 -0									
4 <i>cti</i>	on:									
	Sign & Return To Our Office No Action Required Returned For Corrections See Remarks									
	<i>arks</i> : closed i	s the above refere	enced notification	n. Should	you have an	y questions, 1	olease	feel free to contact		
ou	r office.		EASE SIGN A	ND RET	JRN RECIE	EVED COP		TH THE ATTACHED	O SELF	
Copi	ies To:_	File			Prepared B	y: <i>Renata D.</i>	Bucze			
								Over Night FedEx	☑Reg. Mail	

<u>U.S. ENVIRONMENTAL PROTECTION AGENCY - NOTIFICATION OF DEMOLITION AND RENOVATION</u>

Operator Project:	Postmark;	Date I	Received:	Notification: 1 2016,0203, 13142			
I. TYPE OF NOT	IFICATION (O=Original, R=Rev	vised): O	- Continue to				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)							
OWNER NAME: MTA – NEW YORK CITY TRANSIT AUTHORITY							
ADDRESS:	2 BROADWAY						
CITY:	MANHATTAN	STATE: NY	× 1	ZIP CODE; 10004			
CONTACT:	MR. JULIO VIDAL		PHONE:	(718)613-0400			
REMOVAL CONTRACTOR: ETS CONTRACTING, INC.							
ADDRESS: 1	60 CLAY STREET						
CITY:	BROOKLYN	STATE: NY		ZIP CODE: 11222			
CONTACT:	MR. RICHIE SMITH		TO STATE OF THE ST	PHONE: (718) 706-6300			
OTHER OPERATO	R: NOT APPLICABL	E	~ ****				
ADDRESS:	S92						
CITY:		STATE:		ZIP CODE:			
CONTACT:				PHONE:			
III. TYPE OF OPE	RATION (D=Demo, O=Ordered	, R=Renovation)	0				
IV. IS ASBESTOS	PRESENT? (yes/no) YES						
V. FACILITY DESCRIPTION (include building name, number, floor and/or room number):							
BLDG, NAME: P.S. 248 – MTA NYCT LEARNING CENTER							
ADDRESS:	2125 W. 13 TH STREET						
CITY:	BROOKLYN	STATE:	NY	COUNTY: KINGS			
SITE LOCATION:	ROOM 207	W		,			
BUILDING SIZE	SQ METERS:	SQ FT: 24,000	#OF FLOORS: 2	AGE IN YEARS: 60+			
PRESENT USE:	SCHOOL			PRIOR USE: SCHOOL			
VI. PROCEDURE	VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT TO PRESENCE OF ASBESTOS MATERIAL:						
SAMPLING AT	ND ANALYSIS ACCORDING	TO EPA APPROVED	METHODS.				
VII. APPROXIMA	TE OF RACM TO BE REMOV	ED AND NON-FRIAI	BLE ASBESTOS MA	TERIAL THAT WILL NOT BE REMOVED. SPECIFY THE			
AMOUNT OF	F ASBESTOS BELOW:			Non-friable Asbestos Materials To Be Removed:			
			RACM To Be Remo	ved Category I Category II			
PIPES – LINEAR FI	BET		1 - 24 - 46 2 - 75 - 75 - 75 - 75 - 75 - 75 - 75 -				
PIPES – LINEAR METERS							
SURFACE AREA – SQUARE FEET 924 SF							
SURFACE AREA – SQUARE METERS							
VOLUME RACM OFF FACILITY COMPONENT - CUBIC FEET							
VOLUME RACM OFF FACILITY COMPONENT – CUBIC METERS							
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM//DD/YY) START: 2/12/2016 COMPLETION: 3/31/2016							
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) START: TBD COMPLETION: TBD							

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

REMOVAL AND DISPOSAL OF ASBESTOS-CONTAINING MATERIALS (ACM) ACCORDING TO THE APPLICABLE RULES AND REGULATIONS AND MTA NYCTA SWV# TBD.

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

ACM HAS BEEN IDENTIFIED AND WILL BE HANDLED ACCORDING TO THE APPLICABLE REGULATIONS AND MTA NYCTA SWV#TBD.

VII WASTE TRANSPORTED #1								
XII. WASTE TRANSPORTER #1 NAME: TRI-STATE TRANSFER ASSOC, INC	WASTE TRANSPORTER #2							
Division of the contract of th	NAME: ETS CONTRACTING, INC							
ADDRESS: 1199 RANDALL AVENUE	ADDRESS: 160 CLAY STREET							
CITY: BRONX STATE: NY ZIP CODE: 10474	CITY: BROOKLYN STATE: NY ZIP CODE: 11222							
CONTACT: JIMMY BYRNE PHONE: (718) 617-0771	CONTACT: ANDRZEJ BARNOWSKI PHONE: 718-706-6300							
WASTE TRANSPORTER #3								
NAME:								
ADDRESS:								
CITY: STATE: ZIP CODE:								
CONTACT: PHONE:								
XIII. WASTE DISPOSAL SITE								
NAME: MINERVA ENTERPRISES, INC.								
LOCATION: 9000 MINERVA ROAD								
CITY: WAYNESBURG, OHIO 44688								
PHONE: 330-866-3435								
XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:								
NAME: NOT APPLICABLE TITLE:								
AUTHORITY:								
DATE OF ORDER (MM/DD/YY): DATE ORDERED TO BEGIN (MM/DD/YY):								
XV. FOR EMERGENCY RENOVATIONS NOT APPLICABLE								
DATE AND HOUR OF EMERGENCY (MM/DD/YY):								
DESCRIPTION OF SUDDEN OR UNEXPECTED EVENT:								
EXPLANATION OF HOW THE EVENT CAUSED UNSAFE CONDITIONS OR WOULD CAUSE EQUIPMENT DAMAGE OR AN UNREASONABLE FINANCIAL BURDEN:								
XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMPLED, PULVERIZED OR REDUCED TO POWDER:								
ACM HAS BEEN IDENTIFIED AND WILL BE DEALT WITH ACCORDING TO ALL APPLICABLE REGULATIONS.								
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR. PART 61, SUBPART M) WILL BE ON- SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required 1 year after promulgation).								
RICHIE SMITH, ETS CONTRACTING INC. As Representative For The Owner Signature of Owner/Operator Date								
XVII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.								
RICHIE SMITH, ETS CONTRACTING, INC As Representative For The Owner Signature Of Owner/Operator Date								